FOREIGN LIMITED PARTNERSH

STATE OF MAINE

CANCELLATION OF AUT TO DO BUSINESS

	FOREIGN LIMITED PARTNERSHIP	
STATE OF MAINE		
CANCELLATION OF AUTHORITY TO DO BUSINESS		Deputy Secretary of State A True Copy When Attested By Signature
(Name of	f Limited Partnership in Jurisdiction of Organization)	Deputy Secretary of State
	1 MRSA §496, the undersigned foreign limited partretes the following:	nership hereby cancels its authority to do business in the State of
FIRST:	If different, the name under which the limited partnership applied for authority to do business in the State of Maine pursuant to 31 MRSA §524.1.B or 31 MRSA §405-A is	
SECOND:	The jurisdiction of its organization is	
THIRD:	The date on which it was authorized to do business in the State of Maine is	
FOURTH:	The limited partnership is not as of the date of this application for cancellation doing business in Maine and hereby cancels its authority to do business in this State.	
FIFTH:	The limited partnership revokes the authority of its registered agent in Maine to accept service of process; it consents that process in any action, suit or proceeding based upon any cause of action arising in Maine prior to the date of filing this application may be served on the Secretary of State after the date of the filing of this application.	
CIYTH.	The address of the principal or registered office of	the limited partnership, wherever located, is

Filing Fee \$90.00

FIRST: If different, the name under pursuant to 31 MRSA §524 **SECOND:** The jurisdiction of its organ THIRD: The date on which it was at **FOURTH:** The limited partnership is cancels its authority to do b FIFTH: The limited partnership rev that process in any action, filing this application may b SIXTH: The address of the principal or registered office of the limited partnership, wherever located, is (street, city, state and zip code)

DATED	
General Partner(s)*	
(signature)	(type or print name)
For General Partner(s) which are Entities	
Name of Entity	
By	
(authorized signature)	(type or print name and capacity)

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

^{*}Certificate **MUST** be signed by:

⁽¹⁾ at least one general partner OR

⁽²⁾ any duly authorized person.